

Registration District No. 29

Primary Registration District No. 5046

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rural Crane Creek Twnshp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy H Wise

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W.W. Wise. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 17 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ? Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Johnson  
13. Birthplace ? Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Parks  
15. Birthplace ? Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Maude R. Rye  
(b) Address Crane Mo. R 1

17. (a) Burial (b) Date thereof 5/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osa Cemetery

18. (a) Signature of funeral director J. F. King  
(b) Address Aurora Mo.

19. (a) May 30, 1940 (b) Chas. W. Newman, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Crane Mo. R.F.D. # 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1940 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 14  
\_\_\_\_\_ 1940, to May 20 1940.  
that I last saw h. er alive on May 8 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch  
myocarditis

Due to Hemiplegia -

Due to 93

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---  
(b) Date of occurrence ---  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

30 While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. H. Stowman, M.D. (M.D. or other)  
Address Aurora Mo Date signed 5/24/40

RECEIVED

District Health Officer No. 6,

District File Number 741-1219

Date Filed JUL 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address Aurora Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.